

# **Service Policy — Co-Occurring Disorders**

---

**Policy Name:** Screening

**Original Date:** March 1, 2006

**Revised Date:** \_\_\_\_\_

**Department Approval:**   
AMDD Administrator

**Date:** 3-8-06

---

## **I. Rationale**

In order to serve individuals and families with co-occurring disorders most effectively, it is important to maximize our ability to identify the population, for both clinical and administrative reasons. Clinically, identifying individuals who have or may have co-occurring disorders promotes access to more effective integrated assessment and treatment planning. Administratively, accurate identification permits the gathering of accurate data about the prevalence of co-occurring disorders in our service population, which can be used to plan services, allocate resources, evaluate outcomes, and advocate for funding.

## **II. Policy**

All individual adult clients presenting for services in any program will receive integrated screening to identify the presence of possible co-occurring disorders. Each program or agency will write a procedure that defines "positive screening" for both domains. This can be based on historical information, screening tool scores, and/or symptom checklists. The agency's policy will define procedures for positive screening, including how to record positive screens in the management information system

## **III. Procedure**

### **A. Integrated Screening Process**

Screening is defined as a formal process to determine whether a client does or does not warrant further assessment. The screening for COD seeks to answer a yes or no question: Does the substance abuse or mental health client being screened show signs of a possible COD? The screening process does not necessarily identify what kind of problem the person may have, or how serious it might be, but determines whether or not further assessment is warranted.

1. All individuals presenting for substance abuse treatment will be screened routinely for co-occurring mental disorders.
2. All individuals presenting for mental health treatment will be screened routinely for any substance use disorder.
3. Each program in our agency will have written policies to assure an integrated screening process. The policy will describe the required information and documentation for a "screening" it may include, historical information, screening tools, and/or symptom checklists. (the content of screening will vary depending on the setting).

## Screening Policy — Co-Occurring Disorders

---

### B. Screening Tools

The screening committee recommends the following tools for mental health providers to screen for substance abuse:

- Simple screening instrument for substance abuse (SSI-SA)  
<http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.section.77099>
- Michigan Alcoholism Screening Test (MAST), Drug Addiction Screening Test (DAST), Alcohol Use Disorders Identification Test (AUDIT)  
[http://www.projectcork.org/clinical\\_tools/index.html](http://www.projectcork.org/clinical_tools/index.html)
- CAGE-AID  
<http://ncadi.samhsa.gov/govpubs/BKD234/24q.aspx>

The screening committee recommends the following tools for substance abuse providers to screen for mental health disorders:

- Mental Health Screening Form III (MHSF)  
<http://www.ncbi.nlm.nih.gov/books/bv.fcgi?rid=hstat5.section.77099>
- Mini International Neuropsychiatry Interview (MINI) Screen-Modified  
<https://www.medical-outcomes.com/indexSSL.htm>

These tools are only recommendations. Any tools utilized must be nationally recognized screening instruments that are appropriate to the identified population.